



## Santa Barbara Botanic Garden Summer Camp Accident Waiver and Release of Liability Form

I hereby give my permission for my child \_\_\_\_\_ to participate in the Santa Barbara Botanic Garden Camp Program. I understand that camp activities could include play and outdoor activities on and near the Santa Barbara Botanic Garden grounds, including hikes and walks in the woods wherein there could be mosquitos, bees, ticks, poison oak, and slippery and jagged surfaces among other dangers and risks. I also understand that outdoor activities may occur in the hot sun and in the rain. I agree to see that my child is appropriately attired for camp activities, and to provide insect repellent and sunscreen for my child to use at camp. I will not expect the Santa Barbara Botanic Garden to provide these items.

In the event of illness, injury, and/or accident, I authorize the camp instructor or any Santa Barbara Botanic Garden employee to act on my behalf. They may approve any and all non-emergency or emergency treatment and are authorized to sign any and all medical release or required form(s) on my behalf. In the event of an emergency, I understand that I will be notified of the situation as soon as practicable. I agree to pay any necessary expenses in the medical treatment of my child, including, but not limited to all transportation costs to and from a medical facility, and, if necessary, transportation to my home or medical facility of choice.

I understand that the Santa Barbara Botanic Garden may, in its sole discretion, dismiss any camp participant for inappropriate, disrespectful, or dangerous behavior at any time. In this event, I understand that I will not receive a refund of camp fees for unattended days. If my child breaks or damages any property as a result of their direct or indirect behavior, I hereby agree to pay for its repair or replacement.

I understand that the risks associated with camp activities could result in injury and/or death to my child. I hereby assume these risks and, knowing them, hereby give my child permission to participate. I understand that the Santa Barbara Botanic Garden is not liable for any injuries or other occurrences due to indoor and outdoor camp activities or related risks, and/or the actions or omissions of the Santa Barbara Botanic Garden its employees, agents, and representatives.

I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Santa Barbara Botanic Garden may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the Santa Barbara Botanic Garden's employees, volunteers, and program participants and their families.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which my child may participate, and that it will govern the actions and responsibilities at said activity.

In consideration of my application and permitting my child to participate in this activity, I hereby:

WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the Santa Barbara Botanic Garden, its employees, agents, and representatives, for my child's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to them including their traveling to and from this activity;

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INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the Santa Barbara Botanic Garden, its employees, agents, and representatives, released from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. The Santa Barbara Botanic Garden, its employees, agents, and representatives, acting officially or otherwise are hereby released from any and all claims, demands, actions, or causes of action on account of any injury to my child that may occur. This release binds my heirs, executors, administrators, and/or assigns.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS CONTENT, AND AGREE TO ITS TERMS.

Participant's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_